This section includes the following EZ/EC Health Benchmarking Demonstration Project materials relevant to communicating about the process and findings.

GLOSSARY

Assets inventory: Listing of previous assessments, planning documents, objectives, benchmarks and progress reports.

Assets mapping: Enumeration of community-based and -accessible programs, activities, expertise, resources, institutions, or individuals. Whether these assets lie physically inside or outside the community and within or beyond the influence of the community is determined (US DHHS (CDC), 1997, page 7.)

Benchmarks: "A standard established for anticipated results, often reflecting an aim to improve over current levels" (IOM, 1997, Page 93.) The standard is objective, measurable, and time limited.

Benchmarking: The process of establishing goals through attaining consensus of strategic players about priorities, interventions, roles and responsibilities based on knowledge of "best practice" and tracking progress toward these goals.

Community: An aggregation defined by its:

People - socioeconomics and demographics, health status and risk profiles, or cultural and ethnic characteristics

Location - geographic boundaries

Connectors – shared values, interests, motivating forces

Power relationships – communication patterns, formal and informal lines of authority and influence, stakeholder relationships, resource flows.

Community engagement: the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people. (DHHS (CDC) 1997, Page 9)

Community health improvement process: "…a systematic approach to health improvement that makes use of performance monitoring tools …(that) will help them (communities) achieve their goals." (IOM 1997, Page 78)

Community health profile: "A set of …indicators of sociodemographic characteristics, health status and quality of life, health risk factors, and health resources that are relevant for most communities; these indicators provide basic descriptive information that can inform priority setting and interpretation of data…." (IOM 1997, Page 126-7)

Conceptual model: A theoretical description, and sometimes a schematic, delineating broad factors and direction of influence on outcomes. Details, especially definition and measurement, are operationalized in individual research studies and analyses. For instance, "disease" as a concept may be measured using deaths, new cases, disability, etc.

Essential public health services: (1) Monitor health status to identify community health problems; (2) Diagnose and investigate health problems and health hazards in the community; (3) Inform, educate, and empower people about health issues; (4) Mobilize community partnerships to identify and solve health problems; (5) Develop policies and plans that support individual and community health efforts; (6) Enforce laws and regulations that protect health and ensure safety; (7) Link people to needed personal health services and assure the provision of health care when otherwise unavailable; (8)Assure a competent public health and personal health care workforce; (9)Evaluate effectiveness, accessibility, and quality of personal and

population-based health services; and (10) Research for new insights and innovative solutions to health problems. (PHFSC 1994)

Health: "…the state of complete, mental, and social well-being and not merely the absence of disease or infirmity." (WHO Constitution, cited in Hanlon, 1969, page 5)

Leading health indicators: Subset of all possible indicators that can be thought of as hallmarks of health as its various dimensions (health status, premature death, disability, healthy lifestyle, risk factors, access to care.) (US DHHS, 1998; CDC, 1991)

Needs analysis/ assessment: The identification and evaluation of needs and strengths. It's main components are to: engage the community; identify health problems and community needs; determine priorities; set benchmarks; and communicate conclusions. (Adapted from, McKillip, 1987, Page 9.)

Public health: "… the Science and Art of (1) preventing disease, (2) prolonging life, and (3) promoting health and efficiency though organized community effort…" (Winslow, cited in Hanlon, 1969, Page 4)

Public health functions: "…the core functions of public health agencies at all levels of government are assessment, policy development, and assurance." (IOM. 1988, Page 140)

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EXAMPLE ¾ EZ/EC HEALTH REPORT OUTLINE

New Haven Empowerment Zone Health Benchmarking Demonstration Project Report

EXAMPLE ¾ EC NEWSLETTER ARTICLE: HEALTHY COMMUNITY, HEALTHY ECONOMY

Healthy Community, Healthy Economy
A healthy community makes economic sense to the EC and employers.

Wilmington EC Health Project to Set Benchmarks for Better Health
A new project brings together EC leaders, employers, and residents to set benchmarks to measure Wilmington health. Wilmington is one of three U.S. cities selected to participate in an EC/EZ Health Benchmarking Demonstration Project.

Few Enterprise Communities (ECs) or Empowerment Zones (EZs) are ready to address health issues in their coordinated economic development plans, according to federal officials. By funding this project, the U.S. Department of Health and Human Services hopes the Wilmington EC will serve as a model for other ECs across the nation. The project entitles the EC to technical assistance from the Public Health Foundation (PHF), a national non-profit group.

Since November 1998, PHF staff have interviewed dozens of Wilmington EC stakeholders to learn what people perceive are the EC's greatest health needs and assets. (See "top health issues," back page.) Using state health department data, PHF also created a profile of Wilmington health.

How Wilmington Mortality Measures Up

Wilmington Rates <u>Better</u> than the U.S. on:
Child mortality
Unintentional and motor vehicle injury-related deaths
Race-specific stroke deaths
Homicide
City is <u>Worse</u> than the U.S. & the State on:
AIDS/HIV
Nephritis (a kidney disease)
Septicemia (blood poisoning)
Drug-induced deaths
City & the State are <u>Worse</u> than the U.S. on:
Cancer
Diseases of the Heart
Diabetes

Better Employee Health Pays Off
By improving the health and behaviors of their labor force, many employers have gained financial returns. As examples:

- DuPont reduced disability days by 14% in sites using health promotion, compared to 6% in sites with no interventions.
- Pacific Bell found that employee fitness program participants claimed $300 less per case, with $722 per case savings for conditions related to lack of exercise.
- Prudential Insurance Company reports that the company's major medical costs dropped from $574 to $312 for participants in its wellness program.
- Employee illness days dropped 12.2% after a national manufacturing company targeted health promotion efforts to high-risk employees.

New research demonstrates that employers can save money in the long run for their health promotion efforts—even when they estimate that a proportion of employees will leave the company.

How much do behavioral health needs cost your company?

Troubled employees, many struggling with mental health and substance abuse problems, **cost U.S. employers over $100 billion annually**. This loss in revenues is due to:

- decreased productivity
- increased accidents
- replacement of workers
- disability payments
- deterioration of morale
- high absenteeism
- inefficiency
- early retirement
- retraining
- medical expenses

To compute your company's estimated annual loss, use the following formula:

<u>(annual payroll)</u> x 10% (employees affected) x 25% (lost efficiency) =
annual loss

Example materials from the **EZ/EC Health Benchmarking Demonstration Project**, a joint project of the Public Health Foundation (www.phf.org) and the Assistant Secretary for Planning and Evaluation and Office of Disease Prevention and Health Promotion, Department of Health and Human Services (www.dhhs.gov) 9/99

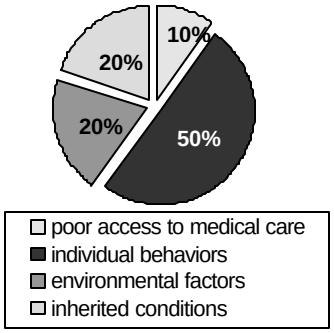
EXAMPLE ¾ EC NEWSLETTER ARTICLE: HEALTHY COMMUNITY, HEALTHY ECONOMY

Prevention Saves Resources
All told, the U.S. spends one trillion dollars on health care each year—14% of the Gross National Product. Billions of health care dollars spent by private and public sectors could be saved if we invested in prevention.

Annual U.S. cost of preventable conditions:	
Alcohol and drug abuse	$110 billion
Smoking	$65 billion
Injuries	$100 billion
Cancer	$70 billion
Cardiovascular Disease	$135 billion

Most Premature Deaths Are Preventable Half of U.S. premature deaths can be prevented by changes in individual behaviors, such as tobacco use, poor diet, sedentary lifestyle, use of alcohol and drugs, and risk-taking that leads to injuries.

Causes of U.S. Premature Deaths
(Source: Institute of Medicine, 1982)



Tobacco use accounts for the largest proportion of preventable deaths (19%). **In New Castle County and Delaware,** smoking rates are higher than the U.S. average for every age group.

By capitalizing on EC assets and using strategies that work, the EC has many opportunities to reduce cancer, diabetes, heart disease, HIV/AIDS, infant mortality, and other conditions that take an economic and human toll on our City.

What are the top health issues to address in the EC?

A task force of EC leaders and residents determined in February seven priority areas to improve EC health. By summer, the task force will make action plans to address each area, including benchmarks to measure Wilmington's progress.
These seven priorities are based on the project's analysis of Wilmington health data, interviews with EC stakeholders, and the potential for the EC to make a difference in each area.
Listed in no particular order, these are:

1. **Create a Health Structure—**establish a health office to coordinate and track Wilmington health
2. **Monitor Wilmington Health—**create a regular, City-specific report to track and respond to health changes
3. **Improve Adolescent & Young Adult Health—**develop a mentally & physically healthy workforce of tomorrow
4. **Maximize Access & Use of Health Care—**coordinate and build on Wilmington's health care and behavioral health systems
5. **Support Healthy Behaviors—**make Wilmington a place that supports healthy behaviors through community development (e.g. recreational opportunities), health promotion, policies, etc.
6. **Environmental Health—**identify and address issues that affect human health
7. **Improve Older Adult Health—**meet the health needs of the City's elders and increase productivity in older years

Take a leading role in the EC and help make a healthier work force

The EC needs private sector leadership to achieve results in the seven priority areas above. The Wilmington EC Health Benchmarking Demonstration Project Task Force recently formed work groups for each area. These groups will set benchmarks to measure EC health progress and make action plans that can benefit employers in the EC community.

To join, call _____ at _ _ _-_ _ _-_ _ _ _.

Example materials from the **EZ/EC Health Benchmarking Demonstration Project**, a joint project of the Public Health Foundation (www.phf.org) and the Assistant Secretary for Planning and Evaluation and Office of Disease Prevention and Health Promotion, Department of Health and Human Services (www.dhhs.gov) 9/99